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Enrollment Requirements

20.000 ENROLLMENT REQUIREMENTS

20.100 Preface

ADHS/CRS serves individuals from birth to 21 years of age who reside in the State of Arizona and who have a CRS condition. CRS conditions and excluded conditions are detailed in Chapter 30.000. This section presents information on the eligibility and enrollment requirements for the CRS program. It describes:

1. The eligibility determination process:
   A. Preliminary determination of medical eligibility,
   B. Age requirements,
   C. Residency requirements, and
   D. Citizenship requirements;
2. Enrollment documentation requirements for:
   A. Applicants enrolled in Title XIX/XXI programs and
   B. Non-Title XIX/XXI applicants;
3. Enrollment interview;
4. Attendance at an enrolling clinic visit, and
5. Income and payment responsibility determinations.

20.200 Referral to CRS

Referrals to ADHS/CRS are initiated by submitting a CRS Application Form. The CRS Application Form can be obtained from many sources including physiciansô offices, the web (www.azdhs.gov/phs/ocshcn, click on CRS, and then click on CRS Referral Form in English or Spanish) and the CRS Regional Contractor locations. The CRS Application Form may be faxed, mailed, or delivered in person to one of the CRS Regional Clinics.

1. The CRS Application Form shall contain the following:
   A. The name, address, and phone number of the referral source;
   B. The relationship of the person completing the application to the applicant;
   C. The name and sex of the applicant;
   D. If the applicant is a child, the name of at least one parent of the applicant;
   E. The address and phone number (home and work, if applicable) of the applicant or, if the applicant is a child, the address of at least one parent of the applicant;
   F. If known to the referral source:

1) The applicant's date of birth;

2) The applicant's diagnosis; and

3) The applicant's primary care physician or, if the applicant does not have a primary care physician, the name of a health care organization at which the applicant receives medical care; and

4) If the individual previously received covered CRS medical services the year in which the individual received the services, and the CRS Regional Contractor responsible for providing the services.

2. Documentation to accompany application form:

A. For an applicant who is enrolled in Title XIX or Title XXI has other health insurance, or does not have health insurance but has been evaluated by a physician, the following are required:

1) Documentation from a physician who has evaluated the applicant, stating the medical diagnosis the physician gave the applicant;

2) Diagnostic test results that support the medical diagnosis the physician gave the applicant.

B. If the applicant is not enrolled in Title XIX or Title XXI, or other health insurance, and if a physician has not evaluated the applicant, documentation of the reason the referral source believes the applicant may be eligible for CRS.

C. If the applicant is not enrolled in Title XIX or Title XXI, or does not have other health insurance, and has been evaluated by a physician:

1) Documentation from the physician who evaluated the applicant, stating the individualôs diagnosis made by the physician; and

2) If available, diagnostic test results that support the applicantôs diagnosis.

20.300 Eligibility Requirements

20.301 Age

An individual must be under twenty-one years of age.

20.302 Citizenship

An individual must:

A. be a U.S. citizen;

B. be a qualified alien who meets the requirements of A.R.S. § 36-2903.03(B); or

C. be a non-documented alien who was enrolled in CRS prior to August 5, 1999.

20.303 Residency

An individual who is a resident of Arizona and intends to remain in Arizona.

20.400 Preliminary Determination of Medical Eligibility

The CRS Application Form and any required medical documentation (see Section 20.200) shall be completed and submitted to the CRS Regional Contractor for a preliminary determination of medical eligibility.

CRS Regional Medical Director or designee will review the Application Form and medical records, if available, to determine medical eligibility based on the conditions identified in Chapter 30 of this manual.

With regard to a Title XIX/Title XXI program member, the CRS Regional Medical Director shall respond promptly to an urgent request from an ALTCS/Acute Care Contractor Medical Director to discuss a memberôs medical eligibility for CRS and specific medical circumstances relative to enrollment.

20.401 Notification of Preliminary Determination that an Applicant May be Medically Eligible

1. If the CRS Regional Medical Director or designee makes a preliminary determination that an applicant may be medically eligible for CRS, the CRS Regional Contractor shall, within 10 business days from the receipt of the completed CRS referral, notify the referral source; applicant, or if a minor, the applicantôs parent; and, in the case of applicants enrolled in Title XIX/ XXI programs, the applicantôs ALTCS/Acute Care Contractor and referring physician in writing of the determination.
2. The following is included with the written determination:
   - A. Authorization for an initial medical evaluation at a CRS clinic for final determination of medical eligibility for CRS;
   - B Notice that the applicant/family is required to have an enrollment interview before or on the day of the initial medical evaluation;
   - C. The address and telephone number of the CRS Regional Clinic that received the referral; and
   - D. The address, date, and time of the applicant's initial evaluation appointment and the procedure for rescheduling the appointment if the applicant is unable to keep the scheduled appointment. (The initial evaluation appointment must be scheduled for a date within 30 calendar days of the notification of preliminary medical determination.)
   - E. An overview of CRS; and
   - F. A list of documentation to be brought by the applicant/family to the enrollment interview:

1) For applicants enrolled in Title XIX/XXI programs, the notification will instruct them to bring the following to the enrollment interview:

   a. The applicantôs AHCCCS ID Card;

   b. A photo identification of the applicant, or if the applicant is a minor, of the parent or guardian;

   c. Guardianship papers (if applicable), and

   d. An insurance card if the applicant has other insurance in addition to AHCCCS coverage.

2). Applicants not enrolled in Title XIX/XXI programs should bring proof of eligibility and documentation required for a financial screening and classification.

   a. A list of the items accepted as proof of eligibility is to accompany the notification (See Section 20.503);

   b. A list of the required records for the financial screening (See Section 20.502); and

   c. Notification that the application will be withdrawn after the initial evaluation, if the applicant does not supply the proof of eligibility and financial status within 10 days of the visit, with the option that the applicant may re-apply.

   d. If Arizona Department of Economic Security (DES)-FAA eligibility representatives are not present at the CRS Regional Contractor site, the CRS staff are to assist the applicant with completing Medical Assistance application forms and submitting them to DES-FAA.

      Prior to a Medical Assistance application being submitted to FAA, ensure that the applicant has signed and dated the application. Gather the necessary verifications, e.g., income, citizenship, identity, age, address. Citizenship verification may be copied by the CRS designee, but the copies must be stamped ñDES-Copy of Originalò, and include the date and name of the person making the copies. The CRS designee will fax the completed application, any copies of verification, and the completed *Children's Rehabilitative Services (CRS) Referral Application Process Turn Around Document (TAD)* (Attachment A) to the FAA local office which serves the applicantôs zip code within

24 hours of receipt. The TAD is a form used to expedite CRS applications. With the use of the TAD, eligibility will be determined within 10 business days of receipt of the application in the local office versus the standard 45 business days. The applicant will be contacted by FAA if additional information or verification is required.

Once the eligibility determination has been completed by FAA, a notice will be sent to the applicant. FAA will complete the DES portion of the TAD received from CRS and fax it to the CRS designee at the fax number listed on the TAD.

20.402 Incomplete Application

1. If a CRS Regional Medical Director or designee receives an incomplete application and is unable to make a preliminary determination for medical eligibility, the CRS Regional Contractor shall, within 10 business days from the receipt of the incomplete application, send a written notice to the referral source; applicant or parent; and, if the applicant is enrolled in a Title XIX/XXI program, the ALTCS/Acute Care Contractor, which shall:
   A. Identify the missing documentation or information the CRS Regional Contractor requires for a preliminary determination of medical eligibility for CRS to comply with A.R.S. § 41-1092.03;
   B. Request the missing documentation or information be submitted to the CRS Regional Contractor within 30 calendar days from the date of the notice; and
2. If the CRS Regional Contractor does not receive the requested documentation or information within 30 calendar days from the date of the notice, the CRS application shall be considered withdrawn.
3. If the CRS Regional Contractor receives the requested information within 30 calendar days from the date of notice, the CRS Regional Contractor shall determine whether the individual is eligible for CRS and notify the referral source; applicant, or if a minor, the applicantôs parent; and, if the applicant is enrolled in a Title XIX/ XXI programs, the ALTCS/Acute Care Contractor in writing of the determination within 10 business days from the receipt of the requested documentation/information.

20.403 Medical Eligibility Denial

1. If a Regional Medical Director determines that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall, within 10 business days from the receipt of the completed application, send a written notice that the applicant is not medically eligible for enrollment in CRS to the applicant/family and the referral source. The notice will

include instructions on how the applicant can request an Administrative Hearing (see Section 20.1100).

2. For Title XIX/ XXI enrolled members a copy of the denial notification must be sent to the ALTCS/Acute Care Contractor and referring physician within 5 days of the denial.

20.404 Data Sharing with ALTCS/Acute Care Contractors

In addition to sending copies of the medical eligibility notices discussed above to the ALTCS/Acute Care Contractors for Title XIX/ XXI enrolled applicants, the Regional Contractors will exchange data, as specified by the AHCCCS/CRS Task Force, with the ALTC/Acute Care contractors.

20.500 Proof of Eligibility and Financial Application and Documentation Required for Applicants Not Enrolled in Title XIX/XXI Programs

An applicant not enrolled in Title XIX/XXI programs, who refuses to cooperate in the eligibility screening and financial application process will have the CRS application withdrawn and shall not be considered eligible for CRS services. The family/applicant will be informed that they may re-apply to CRS when they are prepared to complete the application process.

20.501 Financial Application Form

1. Non-Title XIX/XXI CRS applicants who meet the preliminary determination for CRS medical eligibility and seek to apply for CRS shall submit to a CRS Regional Contractor a financial application containing the following:
   A. The applicantôs name, address, telephone number, and/or message number;
   B. If the applicant is a child, the name, address, telephone number, message number, employer/work address if applicable, of at least one parent of the applicant;
   C. The applicantôs social security number if the applicant has a number;
   D. Whether the applicant is covered by health insurance;
   E. If the applicant is covered by insurance:
      1) The primary companyôs name, billing address, and telephone number; and
      2) The applicant's policy or plan number, ID number, group name, group number, end date and coverage type;
   F. If the applicant has secondary insurance:

1) The secondary insurance company's name, billing address, and telephone number; and

2) The secondary insurance company policy or plan number, ID number, group name, group number, end date and coverage type.

G. Number and identification of members in the household.

2. The financial application shall be signed and dated by the applicant or, if the applicant is a child, the signature of at least one parent of the applicant.

20.502 Documentation to Determine Financial Classification

1. Applicants not enrolled in Title XIX/ XXI programs shall bring the following documentation to the enrollment interview:

A Documented evidence of all unearned income received by an individual, such as cancelled checks or court orders for child support payments;

B. Documented evidence of all medical expenses incurred by an individual and paid during the 12 months before the date on the application form; and

C. Documented evidence of all unpaid medical expenses.

D. If an individual in the household is employed, supply copies of the individual's:

1) Pay stubs for the 30 calendar days before the date on the applicant's application forms;

2) Most recent W-2 form; and

3) Federal tax return most recently filed by the individual.

E. If an individual in the household income group is self-employed, the individual's:

1) Federal tax return, including a schedule C, most recently filed by the individual; and

2) Most recent quarterly financial statement signed and dated by the individual.

F. Documentation of any dependent care expenses.

G. Documentation of any employee expenses.

2. In addition, if applicable, the applicant shall also bring documented evidence of:

A. Any court award or settlement related to the applicantôs CRS condition, and any expenditures from the court award or settlement made for medical services.

20.503 Proof of Eligibility for Applicants not Enrolled in Title XIX/ XXI programs

1. Applicants who **are not** enrolled in Title XIX/ XXI programs, who meet the preliminary determination for CRS medical eligibility, and seek to apply for CRS shall present to a CRS Regional Contractor proof of eligibility as follows:

A. One of the following as proof of age:

1) A hospital record of birth;

2) A certified copy of a birth certificate;

3) A military record;

4) A notification of birth registration;

5) A religious record;

6) A school record;

7) An Immigration and Naturalization Service record;

8) A federal or state census record; or

9) A United States passport.

B. One or more of the following as proof of meeting the citizenship requirement:

1) A certified copy of a U.S. birth certificate;

2) A naturalization certificate reflecting U.S. citizenship;

3) A current or expired U.S. passport;

4) A certificate of U.S. citizenship;

5) A U.S. Citizen ID card used by USCIS;

6) A final adoption decree;

7) An extract of a U.S. hospital birth record established at the time of birth (must have been created at least 5 years before initial AHCCCS application date); or

8) A life, health, or other insurance record showing U.S. place of birth (must have been created at least 5 years before initial AHCCCS application date).

C. One of the following as proof of residency in the form of:

1. A rent or mortgage receipt for property located in Arizona, where the applicant lives;
2. A lease for property located in Arizona where the applicant lives;
3. A written statement confirming residence at an Arizona nursing care institution under A.R.S., Title 36, Chapter 4, signed by the administrator of the Arizona nursing care institution;
4. An unexpired Arizona motor vehicle operatorôs license;
5. A current Arizona motor vehicle registration, issued within 12 months from the date of an application for enrollment in CRS;
6. Pay stub from an Arizona employer;
7. A utility bill for property in Arizona, where the applicant lives;
8. A current phone directory listing for a telephone located at property in Arizona;
9. A United States Post Office record reflecting an Arizona residence;
10. A certified copy of a church record reflecting an Arizona residence;
11. A certified copy of a school record reflecting an Arizona residence; or

If none of the documents in subsections (C1) through (C11) are available; and the applicant/individual resides in Arizona, the applicant, or if the applicant is a minor, the applicantôs parent or legal guardian, signs an affidavit certifying the individual is currently an Arizona resident and intends to remain in Arizona.

20.600 Enrollment Interview for New Applicant

Every CRS applicant, or if the applicant is a minor, the parent of the applicant, shall participate in an enrollment interview with a designated CRS Regional Contractor or designee. The CRS Regional Contractor or designee shall conduct the enrollment interview in the manner that is most efficient, timely, and considerate of the applicant/parent needs.

20.601 Enrollment Interview Requirements for a Title XIX/ XXI Enrolled Applicant

1. The interview will consist of a comparison of the information and documentation presented by the applicant (AHCCCS ID, parent photo ID,

any other insurance cards and applicable guardianship papers) to information in the AHCCCS PMMIS system. If the applicant presents information that is inconsistent with PMMIS, the Regional Contractor may assist the member in resolving the issue with DES (Title XIX) or AHCCCSA (Title XXI) but should rely on PMMIS as the authoritative source when submitting member information to CRSA.

2. If the CRS Regional Contractor is able to verify that the applicant is enrolled in Title XIX/XXI and under 21 years of age according to PMMIS, the CRS Regional Contractor shall consider the applicant eligible for enrollment into CRS pending the diagnosis verification through the first clinic visit.

3. If the CRS Regional Contractor verifies Title XIX/ XXI program membership but finds the applicant to be over 21 years of age, the CRS Regional Contractor or designee shall:

   A. Send a written notice of denial to the applicant/parent with instructions on how to request an Administrative Hearing;

   B. Rescind the authorization for the applicant's initial CRS clinic visit; and

   C. Notify the ALTCS/Acute Care Contractor of the CRS denial due to the applicant being over 21 years of age. (Refer to ACOM Policy 409)

4. AHCCCS enrollees shall not be required to sign a payment agreement for CRS covered services, but shall be required to sign an Assignment of Benefits Agreement.

20.602 Enrollment Interview Requirements for Applicants Not enrolled in Title XIX/ XXI Programs:

1. All non-Title XIX/XXI applicants must participate in the enrollment interview and, if they are determined through the interview to be potentially eligible for Title XIX or Title XXI programs, they must apply for those programs before they can be accepted into the CRS program.

2. The Enrollment Interview will begin with a review of the evidence provided by the applicant to prove age, citizenship, and residency.

   A. If the CRS Regional Contractor or designee determines that the applicant does not meet the age, citizenship, and residency requirements for CRS, the CRS Regional Contractor or designee shall:

      1) Send a written notice of non eligibility to the referral source, applicant/parent/guardian; and

      2) Rescind the authorization for the applicant's initial CRS enrollment visit.

3. If the Regional Contractor finds that the applicant meets the requirements for age, citizenship and residency, the Contractor will begin the financial screening which will consist of:

   A. Determining applicant/family's adjusted gross income as follows based on the documentation listed in Section 20.502;

      1) Determine the total income of the household income group. The total income includes both earned income and unearned income. The CRS Regional Contractor must use an ADHS/CRS approved Financial Worksheet and Budget Determination Form to assist in documenting this calculation.

      2) For a household whose individuals receive wages or salaries, calculate the annual wage by multiplying the frequency of pay periods in one year by the amount received in each pay period. For example, if the individual receives $500 every two weeks, the annual wage is $500 x 26 pay periods in one year for a total wage of $13,000.

      3) For a household whose individuals are self-employed or seasonal workers, use the previous yearôs annual earned income as the total earned income. If the self-employed individual was not self-employed for a full year, calculate annual earned income based upon those months of income since self-employment began.

      4) Determine cost of dependent care and the cost of employment deductions for the past 12 months. Refer to Section 20.704, Deductions from Income.

      5) The adjusted gross annual income of the household income group equals the earned income plus the unearned income minus the annual allowable deductions from income.

   B. Dividing the adjusted gross annual income as determined above by 12 to arrive at a household monthly income amount for comparison with the AHCCCS Eligibility Requirements found on the AHCCCS web page under Members and Applicants/Income Requirements.

      1) If the applicantôs household income falls into the KidsCare (Title XXI) Category on the Eligibility Requirements chart, then the Special Requirements on the chart will be matched against the information supplied by the applicant regarding employment and insurance, and if the applicant appears to meet the requirements, the applicant will be referred to AHCCCSA to complete a KidsCare application process.

2) If the applicant falls into any of the AHCCCS (Title XIX) income categories for children, women, families or individuals based on the Regional Contractorôs preliminary financial review, the application process for Title XIX through the Department of Economic Security (DES) enrollment will be explained, and the applicant/family will be given the option of completing the Medical Assistance Application at the CRS Regional Contractor site.

4. If the applicant is scheduled for an initial enrollment clinic visit on the same day as the CRS financial interview and has been unable to provide information to complete financial screening, the applicant/family will be advised they:

   A. May attend the initial enrollment clinic appointment;

   B. May be financially responsible for any diagnostic testing; and

   C. Will not be allowed future clinic visits until the financial eligibility is complete.

5. If the applicant does not complete the Medical Assistance Application at the CRS Regional Contractor Site, the applicant shall be advised to notify DES, for Title XIX, or AHCCCSA, for Title XXI, that he or she is a CRS applicant when completing the application process to prevent delays in CRS enrollment Applicant must submit a completed application to the Department of Economic Security or the AHCCCSA within 10 working days of the CRS enrollment interview.

6. All medical assistance applications completed at the CRS Regional Contractor site should be stamped on page one with a ñCRSò stamp to clearly identify the applicant as CRS eligible.

7. If the applicant/family chooses to complete the Medical Assistance Application at the CRS Regional Contractor site, the CRS Regional Contractor or designee shall assist the applicant in completing the application using DES criteria for earned and unearned income and income deductions and:

   A. The CRS Regional Contractor shall contact the DES representative to assist in determining Title XIX eligibility on the same day as the CRS financial interview; and

   B. When DES cannot determine eligibility on the same day as the applicant's CRS financial interview, the CRS Regional Contractor will follow-up in ten business days from the date of the referral by checking the AZTECS system for eligibility status. If the status is un-determined, the applicant's DES representative shall be contacted to determine medical assistance, eligibility/enrollment.

C. If the DES status in AZTECS is un-determined at that point, the Regional Contractor shall follow up with DES again within 30 days to check the status of enrollment.

D. If found ineligible for Title XIX due to excess income, the application shall be referred by DES to Kids Care to check for potential eligibility.

8. For the applicant/family found to be potentially eligible for Title XXI (Kids Care), and whose application was forwarded to AHCCCSA, the Regional Contractor shall contact a representative from the Title XXI (Kids Care) office within 10 business days following the referral to Title XXI to determine eligibility/enrollment. If Title XXI (Kids Care) status remains un-determined, the Regional Contractor shall follow up within 30 days to check the status.

9. For tracking and reporting referrals, the Regional Contractors shall use the forms supplied by CRSA according to the directions from CRSA.

10. If the applicant is not financially eligible for Title XIX or Title XXI programs, the CRS Regional Contractor or designee shall complete the financial eligibility interview according to the CRS program standards to determine member payment responsibility. These applicants may take additional income deductions, beyond those allowed in determining Title XIX or XXI eligibility, to calculate their adjusted gross household used to determine their State Only financial category. These deductions are:

A. Health insurance premiums paid by the household income group within the previous twelve months.

B. Unpaid medical and dental expenses incurred by any individual in the household income group prior to the date of application or at the time of redetermination, which are the household's responsibility and not subject to any applicable third party payment.

C. Medical and dental expenses paid directly by the household income group for any household individual during the twelve months prior to the date of application and not subject to any applicable third party payment.

11. If the applicant/parent fails to provide financial information or documentation as requested to the CRS Regional Contractor or designee, within 10 business days after the initial financial interview, the CRS Regional Contractor shall consider the application to CRS withdrawn and notify the applicant/parent in writing that they can reapply to the CRS program.

12. If an applicant is found to be potentially eligible for ALTCS, the CRS Regional Contractor or designee shall assist the applicant/family with the ALTCS referral process. If the applicant is later deemed ineligible for

ALTCS, the applicant/family shall remain eligible for CRS services according to the initial payment agreement, and Paragraph 10 above shall apply.

20.603 Member Payment Responsibility Standards

1. When the CRS Regional Contractor identifies a CRS member as having private health insurance they shall ensure collection of payment for CRS Services as defined in below and in Section 50.300 of this policy manual.
2. If a CRS member enrolled in AHCCCS with no private insurance refuses services from CRS, a letter will be sent to the member/guardian informing them that they may be financially responsible ñin accordance with AHCCCS regulations regarding billing for unauthorized Services.ò
3. Title XIX and Title XXI members with private insurance are not required to receive services from CRS.
4. The following CRS members shall not pay for CRS services:
   A. Wards of the state or court;
   B. DES adoption subsidy children;
   C. DES/CMDP foster children;
   D. AHCCCS (Title XIX and XXI) members; and
   E. State Only Members with an adjusted gross household income of less than or equal to 200% of the current Federal Poverty Level amount for income and family size.
5. State Only members with insurance who have an adjusted gross household income of greater than 200% of the current Federal Poverty Level amount for income and family size shall pay:
   A. Co-payments, excluding CRS Regional Clinic visits and Outreach Clinic visits;
   B. Deductibles according to the individualôs insurance requirements; or
   C. 100% of the following rates if the memberôs insurance denies due to out of network or non-covered services:
      1) The AHCCCS hospital per diem rates for all inpatient hospital services;
      2) The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and
      3) The AHCCCS fee schedule for all physician and supplier services.
6. State Only Members Without Health Insurance

The following categories of members without health insurance coverage shall pay as follows:

A. A member who has an adjusted gross household income of less than or equal to 200% of the current FPL limit amount for income and family size.

B. A member who has an adjusted gross household income of greater than 200% of the current FPL limit amount for income and family size 100% of the following rates:

1) The AHCCCS hospital per diem rates for all inpatient hospital services;

2) The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and

3) The AHCCCS fee schedule for all physician and supplier services.

7. The CRS Regional Contractor shall ensure that a member is not denied services because of the memberôs inability to pay a co-payment or deductible.

20.604 Member Payment Agreement and/or Assignment of Benefits

1. Every non-AHCCCS applicant, or if the applicant is a minor, the parent of the non-AHCCCS applicant shall complete and sign a member payment agreement that acknowledges and accepts his/her financial responsibility;

2. Every applicant (AHCCCS and Non-AHCCCS) shall sign an agreement to assign benefits to CRS as follows:

A. Assignment of insurance benefits to ADHS/CRS and CRS providers;

B. Agreement that any monies received by the member as a court award or settlement of a claim which provides for the medical care of the member shall be used to pay CRS providers for care which is authorized and provided;

C. Agreement that when any insurance benefits, court awards, claim settlements or other third party benefits are available, they shall be exhausted before ADHS/CRS funds shall be used to provide care for the member, or shall be used to reimburse ADHS/CRS or the CRS Regional Contractor for all care provided to the member; and

D. Agreement that if the member receives and converts any benefits described by this subsection to the member's personal use and not for payment of the member's CRS services, the member shall be personally responsible for the payment of the services for which the benefits were intended to pay.

3. Signing Authority for Non AHCCCS members

    1. A parent must sign the ADHS/CRS Payment Agreement for a minor child under 18 years old. When the applicant is a married or unmarried individual over 18 years old, the parent or guardian may sign the ADHS/CRS Payment Agreement if the parent or guardian is exercising financial responsibility for the care and control of the applicant.

    2. The CRS applicant or applicantôs spouse over 18 years old may sign the ADHS/CRS Payment Agreement if the applicant or spouse is exercising the financial responsibility for the care and control of the applicant**.**

20.700 Initial Medical Evaluation

1. If a CRS Regional Medical Director or designee makes a preliminary determination that an applicant is medically eligible for CRS and the applicant seeks to enroll in CRS, the applicant shall attend a CRS clinic for an initial evaluation for medical determination.

2. If a CRS physician determines that further diagnostic testing is required before a determination of medical eligibility can be made, the CRS Regional Contractor shall:

    A. If not enrolled in Title XIX (DES) or Title XXI (Kids Care), ensure that applicant/parent understands their payment responsibilities prior to any diagnostic testing being done and that the applicant/parent signs a member payment responsibility agreement. If the applicant/parent does not sign a member payment responsibility agreement, the CRS Regional Contractor shall inform the applicant/parent that the diagnostic testing cannot be ordered and then sends a written notice of withdrawal to the applicant/parent.

    B. If the applicant has insurance, Title XIX (DES), or Title XXI (Kids Care) that covers the diagnostic testing the CRS physician shall:

        1) Request the applicant have the diagnostic testing completed through the insurance company and have the results of the diagnostic testing sent to CRS;

        2) Assist the applicant by working with the applicant's insurance company to obtain prior authorization of services, billing and collection from the third party payer and obtain the diagnostic results; and

        3) Make a determination of medical eligibility after reviewing the diagnostic test results.

C. If the applicant does not have insurance that covers the required diagnostic testing or is not a Title XIX or Title XXI recipient, the CRS Regional Contractor shall:

1) Order the required diagnostic testing; and

2) Make a determination of medical eligibility after reviewing the diagnostic test results.

D. If a CRS Regional Contractor determines from the initial medical evaluation at a CRS clinic that an applicant who is Title XIX or XXI eligible is medically eligible for CRS, the CRS Regional Contractor shall consider the applicant enrolled in CRS on the day of the initial evaluation. If the applicant is not Title XIX or XXI on the day of the enrolling visit, he/she will not be eligible to receive any additional services from CRS until after the applicant complies with all enrollment requirements. Once all requirements are met, the CRS enrollment date shall correspond to the date of the medical eligibility determination.

E. If a CRS Regional Contractor determines from the initial medical evaluation at a CRS clinic that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall send a written notice of denial:

1) To the applicant/parent and instruction on how to request an Administrative Hearing for denial of enrollment in CRS;

2) To the referring physician; and

3) To the ALTCS/ Acute Care Contractor when applicable.

20.800 Re-determination of Eligibility for Enrolled Members

1. At any time, the CRS Regional Contractor may request a member or, if the member is a minor, the member's parent to submit financial or non-medical information/documents for re-determination of eligibility.

2. At any time, a member or, if the member is a minor, the member's parent may request a re-determination of the member's payment responsibility by submitting to the CRS Regional Contractor a written request for re-determination.

3. The CRS Regional Contractor shall contact the member or parent within 30 days from receipt of the member or parent request to re-determine eligibility and schedule a financial interview.

4. The CRS Regional Contractor shall re-determine whether a member remains financially eligible for CRS and member's payment responsibility as follows:

A. If the member has previously been identified as Title XIX or Title XXI , the CRS Regional Contractor shall:

1) Verify that the member remains Title XIX or Title XXI eligible;

2) Provide the member a notice that informs the member that he/she remains eligible for CRS and includes a new CRS expiration date; and

3) Not require a member payment agreement.

B. If a member is not currently Title XIX /XXI eligible, the member, or member's parent if the member is a minor, will need to re-apply with the appropriate agency and/or fill out a financial application along with completing an interview with the CRS Regional Contractor.

C. If the member is classified as State Only and the net income of the member's household group is more than 200% of the FPL, the CRS Regional Contractor shall:

1) Notify the member or parent before 45 days of the CRS member's expiration date; and

2) If the member or parent has maintained a net income above the 200% FPL, have the member sign and return to the CRS Regional Contractor a new Member Payment Agreement form within 30 days of the notice; or

3) If the member or parent has not maintained a net income above the 200% FPL, ask the member to schedule a financial interview to determine the member's payment responsibility within 30 days of the notice.

4) If the CRS Regional Contractor re-determines that a State Only member remains eligible for CRS, the CRS Regional Contractor shall provide the member with a notice that the member remains eligible for CRS and includes a new CRS expiration date.

20.900 Termination of Enrollment

1. Per A.A.C. R9-7-306, a CRS Regional Contractor shall terminate a member's enrollment in CRS if one of the following occurs:

A. The CRS Regional Contractor determines that the member no longer meets the medical and/or any of the non-medical eligibility requirements for CRS;

B. The member does not enroll in Title XIX or Title XXI federally funded program after a determination has been made by the program that the member is eligible for enrollment in the program;

C. A member who enrolls in a Title XIX or Title XXI program does not remain enrolled in the federally funded program while eligible for the federally funded program;

D. The member or, if the member is a minor, the memberôs parent requests a termination of CRS services/enrollment. (If the member is a TITLE XIX/XXI recipient and does not have third party insurance, the Regional Contractor shall advise the member of the financial implications of termination and refer her to her ALTCS/Acute Care Contractor);

E. A State Only member or, if the member is a minor, the memberôs parent, fails to comply with the signed payment agreement or submission requirements, when applicable; or

F. A State Only member or, if the member is a minor, the memberôs parent, fails to provide documentation or information requested by a CRS Regional Contractor within defined timelines; or

G. A State Only member, or parent if the member is a minor, does not complete a re-determination before the expiration date of the memberôs CRS enrollment.

2. If a CRS Regional Contractor terminates a memberôs enrollment in CRS, the CRS Regional Contractor shall:

A. Complete an ADHS/CRS clinic patient discharge form and place it in the individualôs CRS medical record;

B. Update the memberôs medical record and notify ADHS/CRS of the memberôs termination via the eligibility update process;

C. Send a written dis-enrollment letter to the member or, if the member is a child, a parent of the member, including the Hearing Rights as defined in Section 20.1100; and

D. Send a copy of the written notice of termination to the memberôs primary care provider, and health plan/program contractor if applicable.

20.1000 Archiving CRS Financial Enrollment Records

1. CRS members actively enrolled in CRS shall have all their financial enrollment records maintained at all the CRS Regional Sites where services are being provided.

2. CRS members who are terminated from CRS shall have their financial enrollment records maintained at the regional site for a minimum of three (3) years.
3. Regional Contractor(s) may submit terminated CRS member financial enrollment records, after three (3) years, to the State Archives.
4. CRSA shall retain the records in the State Archives in accordance with its internal policy and as required by its contract with AHCCCS.

20.1100 Applicant Eligibility Hearing Process

Applicant Rights

1. The CRS Regional Contractor shall allow an applicant the right to:
   A. A State Administrative Hearing for denial of enrollment in CRS.
   B. Copies, at the applicantôs expense, of any relevant document not protected from disclosure by law.

Who May File

1. An applicant in response to an adverse action taken by a CRS Regional Contractor may request a State Administrative Hearing.
2. An authorized representative, including a provider, acting on behalf of the applicant, with the applicantôs written consent, may request a State Administrative Hearing.

Time Frame for Requesting a Hearing

1. An applicant or authorized representative shall submit a written request for a State Administrative Hearing to ADHS/CRS within 30 days of receiving the Notice of Action. The request shall contain the applicantôs name, the adverse action taken by a CRS Regional Contractor, and the reason for the State Administrative Hearing request.

Notice of Hearing

1. ADHS/CRS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if the request for a State Administrative Hearing is timely and contains the information listed below.
2. The Notice shall contain:

   A. A statement of time, place and nature of the hearing.
   B. A statement of the legal authority and jurisdiction under which the hearing is to be held.
   C. A reference to the statutes and rules involved.
   D. A short plain statement as to the matters in question.

E. The scheduled date for the hearing may be advanced or delayed n a showing of good cause or on agreement by the parties involved.

Notice of Hearing Decision

1. ADHS/CRS shall mail a Decision to the applicant, member, or authorized representative no later than 30 days after the date of the Administrative Law Judgeôs recommended decision.

Denial of a Request for a State Administrative Hearing

1. ADHS/CRS shall deny a request for a State Administrative Hearing upon written determination if:

   A. The request for a State Administrative Hearing is untimely;
   B. The request for a State Administrative Hearing is not for an adverse action permitted under this policy;
   C. The request for a State Administrative Hearing is moot based on the factual circumstances of the case; or
   D. The sole issue presented is a federal or state law requiring an automatic change adversely affecting some or all applicants.

Withdrawal of a Request for a State Administrative Hearing

1. ADHS/CRS shall accept a written request for withdrawal from the applicant, member, or authorized representative if a Notice of Hearing has not been mailed.
2. If ADHS/CRS has mailed a Notice of Hearing, AHCCCS or ADHS/CRS shall forward the written request for withdrawal to the Office of Administrative Hearings (OAH).

Motion for Rehearing or Review

1. Under A.R.S. § 41-1092.09, ADHS (for non-Title XIX and non-Title XXI members) or AHCCCS (for Title XIX and Title XXI members) shall grant a rehearing or review for any of the following reasons materially affecting an applicantôs or memberôs rights:

   A. Irregularity in the proceedings of a State Administrative Hearing that deprived a petitioner of a fair hearing;
   B. Misconduct of ADHS, AHCCCS, OAH, or a party;
   C. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
   D. The decision is the result of passion or prejudice;
   E. The decision is not justified by the evidence or is contrary to law; or
   F. Good cause is established for the nonappearance of a party at the hearing.

20.1200 No-Show

20.1201 No-Show Applicant Appointments

If an applicant fails to attend the initial medical evaluation appointment, the CRS Regional Contractor shall follow these steps:

A. Contact the applicant/family by phone or letter to reschedule the appointment. If the applicant/family does not respond after two attempts to contact (with at least 48 hours between attempts), a letter must be sent to the applicant/family indicating that their CRS application will not be processed if the initial medical evaluation appointment is not rescheduled.

B. For a second missed appointment, follow the steps in A. above. For AHCCCS eligible applicants, the AHCCCS Health Plan/Program Contractor must be notified of the applicantôs no-shows for two scheduled initial medical evaluation appointments.

C. For a third missed appointment, the applicant/family and the AHCCCS Health Plan/Program Contractor, if applicable, must be notified by letter of the termination of the application and the methods by which to re-apply.

D. CRS must document all attempts to contact the applicant/family.

20.1202 No-Show Member Appointments

If a member fails to attend an appointment, the CRS Regional Contractor shall follow these steps:

A. Per Section 20.900, Termination of Enrollment, the CRS Regional Contractor cannot terminate a member for no-show appointments.

B. Contact the member/family by phone or letter to reschedule the appointment. If the member/family does not respond after two attempts to contact (with at least 48 hours between attempts), a letter must be sent to the member/family requesting to reschedule the appointment.

C. For a second missed appointment, follow the steps in A. above. For AHCCCS eligible members, the AHCCCS Health Plan/Program Contractor must be notified of the memberôs no-shows for two scheduled appointments.

D. For a third missed appointment, the member/family and the AHCCCS Health Plan/Program Contractor, if applicable, must be notified by letter that the member/family needs to contact the CRS clinic to reschedule the appointment or contact the CRS clinic to receive services.

E. If CRS eligible members, who have no primary insurance or Medicare, refuse to receive CRS covered services through the CRS program, the CRS Regional Contractor must send written notification to the member informing them that the member may be responsible to pay for those services received outside of the CRS program. The non-CRS provider

may bill the member in accordance with AHCCCS regulations regarding billing for unauthorized services.

F. CRS must document all attempts to contact the member/family.

Attachment A

Children's Rehabilitative Services (CRS)
Referral Application Process
Turn Around Document (TAD)

Number of Pages including Cover: _____

Date sent to DES: _____ **CRS Patient Name:** _____

To DES Contact:	**From CRS Contact:**	**To CRS Contact:**
FAX Number ***(Include Area Code)*****:**	**FAX Number** ***(Include Area Code)*****:**	**FAX Number** ***(Include Area Code)*****:**
Phone No ***(Include Area Code)*****:**	**Phone No** ***(Include Area Code)*****:**	**Phone No** ***(Include Area Code)*****:**

Verification Documents	**List the document used for verification**
Residence	
Identity	
Citizenship	
Alien Status (when applicable)	
Social Security Number	
Dependent Care Expense	
Income	
Include Copy of Application	Date of Application:

To Be Completed by DES and Returned to Children's Rehabilitative Services		
Case Name:	Case Number:	
Date TAD/Documents Received at DES:	Effective Date of Eligibility:	Application Denied ï Reason:

Date Notice Sent to Applicant:	Elôs Name:	Phone No:	Site Code:

Completion Instruction for
Children's Rehabilitative Services (CRS) Referral Process
Turn Around Document (TAD)

A. Purpose. This form will enable the CRS provider and Department of Economic Security (DES) staff to transmit information for the Medical Assistance eligibility process. It will also enable the provider to identify the information used to verify the factors of eligibility being sent to DES. This form will also provide a means for DES staff to send the Medical Assistance determination information to the provider.

B. Completion. All items are self-explanatory except the following:

1. The provider completes the top portion.

2. The DES local office completes the portions marked **To Be Completed By DES and Returned to Children's Rehabilitative Services**.

   Complete a systems check to determine whether the applicant has an ACTIVE, INACTIVE, or PENDING case.

   If the case is **DENIED**, enter the specific reason for denial. The reason code is **not** acceptable.

C. Routing. FAX to the DES local office.

D. Retention. Retain in accordance with the providerôs and DESôpolicies and procedures.